

Country Dale Elementary PTO Inc.

Check Request Voucher

Budget Category: _____ Request Date: _____

Name: _____ Phone: _____

Make Check Payable to: _____

Return Check to: _____

Itemized Purchases: Receipts MUST be attached for payment.

	<u>Item Purchased</u>		<u>Cost</u>
1.	_____	=	_____
2.	_____	=	_____
3.	_____	=	_____
4.	_____	=	_____
5.	_____	=	_____
6.	_____	=	_____

Total Due: _____

Below this line to be filled out by Treasurer

Payment Date: _____

Amount: _____

Check Number: _____

Treasurer Signature: _____